

**PROCESS REC PT AND RETURN**

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

U.S. Department of Justice  
United States Marshals Service

PLAINTIFF	Keith E. Phillips		COURT CASE NUMBER	4:03CV2309
DEFENDANT	City of Warren, Ohio		TYPE OF PROCESS	Summons + Complaint
SERVE	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN			
AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)			
	391 Mahoning Ave NW, Warren, OH 44483			
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:			Number of process to be served with this Form - 285	2
Randi A. Barnabee 9425 Old Eight Rd, Ste 2 North Field, OH 44067			Number of parties to be served in this case	8
			Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

Signature of Attorney or other Originator requesting service on behalf of:

Randi A. Barnabee, Esq.

PLAINTIFF  
DEFENDANT

TELEPHONE NUMBER

330-467-5000

DATE

11/19/2003

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. 60	District to Serve No. 60	Signature of Authorized USMS Deputy or Clerk Patricia James	Date 11-25-03
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I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

Address (complete only if different than shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.Date of Service  
Time  
am  
pm

Signature of U.S. Marshal or Deputy

Patricia James

Service Fee 800	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges 800	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS:

Certified Mail

PRIOR EDITIONS  
MAY BE USED

1. CLERK OF THE COURT

FORM USM-285 (Rev. 12/15/80)

AO 440 (Rev. 10/93) Summons in a Civil Action

# United States District Court

## NORTHERN DISTRICT OF OHIO

Keith E. Phillips

### SUMMONS IN A CIVIL CASE

V.

CASE NUMBER:

City of Warren, Ohio, et al.

**4:03 CV 2309**

TO: (Name and address of defendant)

City of Warren, Ohio  
c/o Warren Law Director  
391 Mahoning Avenue N.W.  
Warren, Ohio 44483

**JUDGE WELLS**  
**MAG. JUDGE HEMANN**

**YOU ARE HEREBY SUMMONED** and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

Randi A. Barnabee  
Deborah A. Smith & Co., L.P.A.  
9425 Olde Eight Road, Suite 2  
Northfield Center, Ohio 44067

an answer to the complaint which is herewith served upon you, within twenty days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgement by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.

GERI M. SMITH  
Clerk of Courts

DATE:

(By) Deputy Clerk

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>[Signature]</i></p>	
<p>1. Article Addressed to:</p> <p>CITY OF WARREN WARREN MUNICIPAL COURT 391 MAHONING AVE, N.W. WARREN, OH. 44483</p>		<p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>[Signature]</i></p>	
<p>2. Article Number (Transfer from service label)</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>	
<p>PS Form 3811, August 2001</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> D.D.</p>	
<p>Domestic Return Receipt</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>003 10 000 4790 9409</p>		<p>102595-02-M-1540</p>	